MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET CA AS FILED AMENDMENT AMENDMENT AMENDMENT BID DEP BID DEP 1 2 3 1 4 2 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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IND. TOTAL MD.
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DEP. TOTAL CLAMS